

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Pax: 515-281-4073 DISCLOSUR	TIONS, SEE BACK OF FORM E SUMMARY PAGE	_	23
COMMITTEE NAME (Must be same as on Statement of Or	rganization)	_	FORM
McKinley For State Senate		1 1	DD 0
IMPORTANT: Indicate by # type of committee you are reporting fo (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car Subdivision Candidate (8) County PAC (9) City PAC (10) School 1) Local Ballot Issue	(2)State PAC (3)State Party	(R	Pr Office Use Orily
CANDIDATE COMMITTEES ONLY:		Ī Lo	ogged In
Candidate Name Paul McKinley	Political Party (if applicable) Republican	Sc	canned
Office Sought	District (if Senate or House)		omputer
Late reports are subject to possible civil and criminal penalties. F	Pursuant to Iowa Code sections 68B.32A(7) <u>後41 - 7 744 - 5みみ</u> TELEPHONE		A.401(3), the candidate, for a /-/0 -0 8 DATE SIGNED
☐ CHECK IF AMENDMENT TO REPORT DATED 1-1-07 to Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	e of Dissolution Form DR-3.	inty & Lo	nittees, enter Date of Election ocal Committees, enter County in ion is held
STATEMENT OF CASH ON HAN	1D		
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	Fotal of all funds held by the e cash on hand at the end	\$	10,204.67
ADD TOTAL MONEY TAKEN IN THIS PERIOD			1.500.00
Schedule A: Cash Contributions total (Attach Sche	• •		1,500.00
Schedule F: Loans Received total (Attach Schedul			
Schedule H: Total Sales of Campaign Property (At		••••	
(Schedule H applies to Candidates' Con			11,704.67
CURTO LOT TOTAL MONEY ORGAN THE REPLA	SUB-TOTAL	\$	
SUBTRACT TOTAL MONEY SPENT THIS PERIO			0.00
Schedule B: Expenditures total (Attach Schedule B			
Schedule F: Loan Repayments total (Attach Sched	·		11,704.67
ASH ON HAND at the end of this reporting period (if final re	eport balance must be zero)	\$	
*UNPAID BILLS (From Schedule D - Attach Schedule D)			
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	·		<u> </u>
OUTSTANDING LOANS (From Schedule F - Attach Sched	lule F)	\$	6,000.00
CONSULTANT BREAKDOWN (Schedule G Attached?)			_YES <u>√</u> NO
ANDIDATE COMMITTEES ONLY: ALUE OF CAMPAIGN PROPERTY (From Schedule H - Att		\$	

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	\neg
McKinley For State Senate	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07/20/07	ID# CK# ₃₆₉₈	Steven Ackerson 1634 NW 131st St Clive, IA 50325		\$100.00	
07/21/2007	ID# CK# 9316	Shirley A Eivins 606 N 7th Knoxville, IA 50138		500.00	
07/20/07	ID# 6067 CK# 3677	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266		200.00	
12/05/2007	6027 CK# 2648	Deere PAC Iowa 666 Grand Ave, Suite 1707 Des Moines, IA 50309-2507		500.00	
12/31/07	1D# 6058 CK# ₄₁₂₃	Iowa Chiropractic Society 1605 N Ankeny Blvd, Suite 100 Ankeny, IA 50023		200.00	
	ID# CK#				
			SUB-TOTAL	¢	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

1500.00

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
McKinley For State Senate	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
	СК#			\$
	ID#	,		
	CK#			
	ID#			
	CK#			
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	CK#			
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	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (Street	

THIS BOY	ADDI IES TO CANDIDATES	R' COMMITTEES C	MI V.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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Page		OT	

\$ 0.00

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME/Allet by	COMMITTEE NAME (Mind to come on Cations)				Pesser Form	SCHEDULE	
McKinley For State Senate	ate	zarion)				(Rev. 07/03)	RECEIVED
NOTE: This schedule reports	NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.	which is deposited in t	he committee acc	Sount.		CHECK	CHECK THIS BOX I
TOTAL UNPAID LOANS FR	TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 6000.00	\$ 6000.00				AMENDING FORM	IG FORM
PART I - MONETARY LOA! (Original source of involved. Include I	PART I - MONETARY LOANS RECEIVED THIS REPORTING PEI (Original source of loan, such as a bank, must be shown involved. Include loans from candidate's personal funds.)	s PERIOD own if a third party is nds.)		PART II - MC	PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E In-kind Contributions.)	E REPORTING PE	RIOD tions.)
DATE NAME A RECEIVED (Include E (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE*	IP AMOU
			ss.				ø
	TOTAL (PART I)	•			 TOTAL CASH REPAYMENTS (PART II)	TT 11) \$	
				TOTALOL	From Schedule E - TOTAL LOANS FORGIVEN TOTAL OUTSTANDING LOANS END OF REPORT PERIOD	vi v	00.0009
*Disclosure law requires candidate c making a contribution to the commit consanguinity (blood relatives) and i the same as candidate, but there is relationship column when it applies.	*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributo the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.	elationship of any relative shown to the third degree of e). If surname of contributor is "not applicable" in the	ative ree of tributor is he		Page 1	of 1	
						(for Schedule F)	9

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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DISCEOSOR			THE PARTY			
COMMITTEE NAME (Must be same as on Statement of O	rganization)]				
McKinley For State Senate		OR-2 DISCLOSURE				
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Ca Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	(Foi	DR-2 DISCLOSURE REPORT Office Use Only 1219				
CANDIDATE COMMITTEES ONLY:		Log	gged In S			
Candidate Name	Political Party (if applicable)	Sca	anned			
Paul McKinley	Republican	Co	mputer			
Office Sought	District (if Senate or House)	Aud	dited			
Late reports are subject to possible civil and criminal penalties. SIGNATURE OF PERSON FILING REPORT	Pursuant to Iowa Code sections 68B.32A(641-774-5222 TELEPHONE					
LAMEH ING A 1-1-07 to 12-31-07 /-19-0	7	// AND N	T FOTION VEAD			
I AM FILING A 1-1-07 to 12-31-07 /-/9 -0	REPORT FOR (1) ELECTION	(2)NON-E	LECTION YEAR.			
(report date)	2 A P O AGE Indicate by #	ك ا				
(report date) ☐ CHECK IF AMENDMENT TO REPORT DATED ☐ Check if this is final (termination) report and attach Notice	merle report	ocal Comm	nittees, enter Date of Election			
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is fi		County & Lo	ocal Committees, enter County in on is held			
STATEMENT OF CASH ON HA	ND					
CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the of the last reporting period or must be zero if this in	ne cash on hand at the end	\$	10,204.67			
ADD TOTAL MONEY TAKEN IN THIS PERIOD						
Schedule A: Cash Contributions total (Attach Sch		1,300.00				
Schedule F: Loans Received total (Attach Schedule F)						
Schedule H: Total Sales of Campaign Property (A	Attach Schedule H)					
(Schedule H applies to Candidates' Co	ommittees Only) SUB-TOTAL	\$	11,504.67			
SUBTRACT TOTAL MONEY SPENT THIS PERI	OD	-				
Schedule B: Expenditures total (Attach Schedule			0.00			
Schedule F: Loan Repayments total (Attach Sche						
CASH ON HAND at the end of this reporting period (if final			11,504.67			
**UNPAID BILLS (From Schedule D - Attach Schedule D)						
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sc						
**OUTSTANDING LOANS (From Schedule F - Attach Sche			6,000.00			
	CONSULTANT BREAKDOWN (Schedule G Attached?) YES✓ NO					
CANDIDATE COMMITTEES ONLY:						
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	Attach Schedule H)	\$				

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(including candidate's personal funds)	_ CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
McKinley For State Senate	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07/20/07	ID# CK# ₃₆₉₈	Steven Ackerson 1634 NW 131st St Clive, IA 50325		\$100.00	
07/21/2007	ID# CK# 9316	Shirley A Eivins 606 N 7th Knoxville, IA 50138		500.00	
07/20/07	ID# 6067 CK# 3677	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266		200.00	
12/05/2007	6027 CK# 2648	Deere PAC Iowa 666 Grand Ave, Suite 1707 Des Moines, IA 50309-2507		500.00	
	ID# CK#				
	ID#				
	ID#				
	CK#		SUB-TOTAL	s	

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Page 1 of 1 (for Schedule A)

TOTAL (if last page of this schedule)

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Reset Form			PART II - MONETARY LOAN REPAYMENTS MADE <u>THIS</u> REP (Loans forgiven must be reported on Schedule E In-k	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)			TOTAL CASH REPAYMENTS (PART II)
		unt.	PART II - MOI (Loa	DATE PAID (MM/DD/YR)			
		ne committee acco		AMOUNT OF LOAN	ισ		
tion)		lich is deposited in the 6000.00	PERIOD m if a third party is fs.)	RELATIONSHIP TO CANDIDATE (If Applicable*)			s
COMMITTEE NAME(Must be same as on Statement of Organization)	McKinley For State Senate	NOTE: This schedule reports money loaned to the committee which is deposited in the committee account. TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $\$$	PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)			TOTAL (PABT I)
COMMITTEE NA	McKinley For	NOTE: This sche	PARTI - MONE (Origin involve	DATE RECEIVED (MM/DD/YR)			

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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	LOANS	RECEIVED & REPAID	יו אספ אוויד אספרטן
SCHEDULE	ட	(Rev. 07/03)	- אטבוטר

JCHECK THIS BOX IF AMENDING FORM

DE THIS REPORTING PERIOD edule E -- In-kind Contributions.)

AMOUNT REPAID

RELATIONSHIP TO CANDIDATE* (If Applicable)

\$ 6000.00	
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD	

6000.00

ده

(for Schedule F) ᢐ